

Treadway & Wigger Funeral Chapel
2383 Napa Vallejo Highway, Napa, CA 94558
Telephone: 707-226-1828 / Facsimile: 707-255-3671
FD 2099

Authorization for Release of Human Remains

To: _____
(Name of Hospital or Facility)

You are hereby requested and authorized to release the remains of:

(Name of Deceased)

(Date of death)

To Treadway & Wigger Funeral Chapel and Crematory, 2383 Napa-Vallejo Highway, Napa, California 94558, for the completion of the disposition of said deceased. This authorization does _____ / does not _____ include personal belongings release. (Please initial one)

I, the undersigned, have the legal right to make this authorization:

Signed: _____
(Signature of responsible party) (Date signed)

(Printed name of responsible party)

(Relationship to Deceased)

I declare under penalty of perjury that the foregoing is true and correct.

Signature of funeral establishment representative witnessing authorization: _____

Executed this _____ day of _____, _____, at _____, California.